

**For the Year Ending December 31, 2000**  
of the Condition and Affairs of the

NAIC Group Code.....0671, 0671  
(Current Period) (Prior Period)

NAIC Company Code..... 95727

Employer's ID Number..... 01-0512612

A Health Maintenance Organization organized under the Laws of the State of Maine

Date Incorporated or Organized..... June 26, 1996	Date Commenced Business..... January 1, 1998
Date Federally Qualified as an HMO.....	Date Certified as an HMO..... September 18, 1997

Statutory Home Office	2 Gannett Drive.....South Portland.....ME.....04106-6911 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Address of Main Administrative Office	2 Gannett Drive.....South Portland.....ME.....04106-6911 <i>(Street and Number) (City or Town, State and Zip Code)</i>	207-822-7000 <i>(Area Code) (Telephone Number)</i>
Name of Administrator	Keith W. Vangeison	
Mail Address	2 Gannett Drive.....South Portland.....ME.....04106-6911 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	2 Gannett Drive.....South Portland.....ME.....04106-6911 <i>(Street and Number) (City or Town, State and Zip Code)</i>	207-822-7000 <i>(Area Code) (Telephone Number)</i>
Annual Statement Contact	Shawn K. Staples <i>(Name)</i> shawn_staples@aici.com <i>(E-Mail Address)</i>	207-822-7942 <i>(Area Code) (Telephone Number) (Extension)</i> 207-822-8999 <i>(Fax Number)</i>
Service Areas or Counties.....	Androscoggin, ME and Oxford, ME	

President ..... Keith W. Vangeison #  
Treasurer ..... George D. Martin #  
Clerk and Assistant Secretary ..... Martin J. Robles, Esq. #  
Secretary ..... Nancy L. Purcell #

## BOARD OF DIRECTORS

David R. Frick #      Larry C. Glasscock #      Michael L. Smith #      Keith W. Vangeison #

State of..... Maine  
County of..... Cumberland

The officers of this company, being duly sworn, each depose and say that they are the above described officers of the said Health Maintenance Organization, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said HMO, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said HMO as of the reporting period stated above, and of its income and deductions therefrom for the period reported, and has been completed in accordance with the NAIC annual statement instructions and accounting practices and procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Keith W. Vangeison	Nancy L. Purcell	George D. Martin
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this

.....day of ....., 2001

.....

NOTARY PUBLIC (Seal)

a. Is this an original filing? Yes [ X ]      No [   ]

b. If no:

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....